Joint Commission Resuscitation Standards

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Joint Commission's New Resuscitative Services Requirements Effective Jan 1, 2022

- **PC 02.01.20 EP1-3 Implements processes for Post-Resuscitation care**
- Elements of Performance:
- 1. The hospital develops and follows policies, procedures, or protocols based on current scientific literature for interdisciplinary post–cardiac arrest care.
- Note 2: This requirement does not apply to critical access hospitals that do not provide post–cardiac arrest care. (See also PI.03.01.01, EP 22)
- 3. The critical access hospital follows written criteria or a protocol for inter-facility transfers of patients for post–cardiac arrest care, when indicated. (See also PI.03.01.01, EP 22)

Joint Commission's New Resuscitative Services Requirements Effective Jan 1, 2022

- **PC 02.01.11 EP 1-5 Resuscitative services are available throughout the Hospital**
- Elements of Performance:
- 1. Resuscitative services are provided to the patient according to the hospital's policies, procedures, or protocols.
- 2. Resuscitation equipment is available for use based on the needs of the population served.
- Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)
- 4. The hospital provides education and training to staff involved in the provision of resuscitative services. The hospital determines which staff complete this education and training based upon their job responsibilities and hospital policies and procedures. The education and training are provided at the following intervals:
- - At orientation
- - A periodic basis, thereafter, as determined by the hospital
- - When staff responsibilities change

Key Concepts FAQ's Regarding Resuscitative Services Requirements

» **Education and Training in Resuscitation versus Certification Requirements (e.g., BLS, ACLS, PALS, NRP)**

» The intent of PC.02.01.11, EP 4 is that organizations provide education and training in addition to any certifications. While certifications provide the necessary foundational knowledge in resuscitation, PC.02.01.11, EP 4 stresses institution-specific education and training to promote staff preparedness that certification courses may not provide (for example, training grounded in local policies, procedures, or protocols, equipment; and the staff's specific roles and expectations during a code event).

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- **PI 03.01.01 EP22 Hospital complies and analyzes data**.
- 22. An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.
- Note 1: Examples of the review could include the following:
- - How often early warning signs of clinical deterioration were present prior to in-hospital cardiac arrest in patients in non-monitored or non–critical care units
- - Timeliness of staff's response to a cardiac arrest
- - The quality of cardiopulmonary resuscitation (CPR)
- - Post–cardiac arrest care processes, if applicable
- - Outcomes following cardiac arrest
- Note 2: The review functions may be designated to an existing interdisciplinary committee. (See also PC.02.01.19, EPs 1, 2; PC.02.01.20, EPs 1, 2, 3; PI.01.01.01, EP 10)

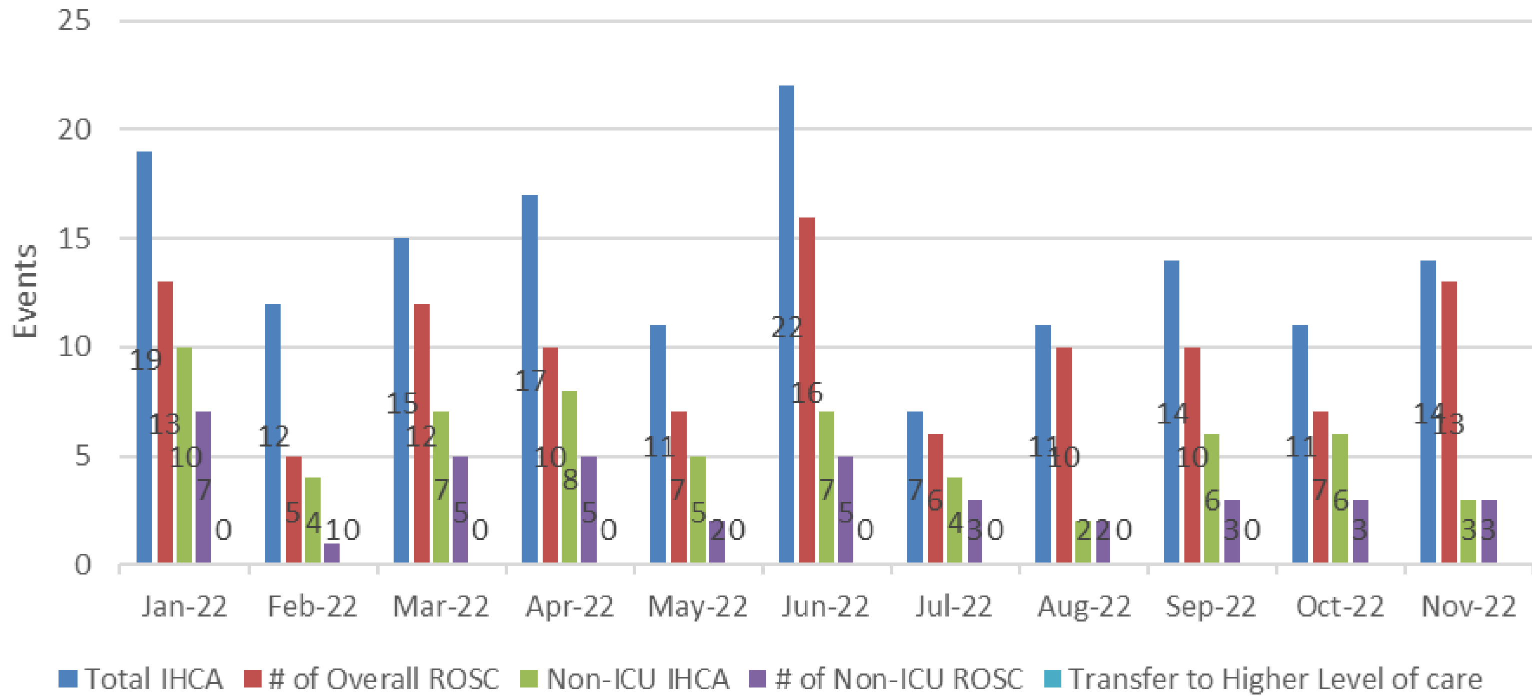
Key Concepts FAQ's Regarding Resuscitative Services Requirements

» Analysis for Performance Improvement

- Under PI.03.01.01 EP 22 organizations are free to choose resuscitation-related metrics or processes to track resuscitation performance. Note 1 provides some examples of analyses that organizations can undertake. For example, if the organization chooses to focus on the quality of cardiopulmonary resuscitation (CPR), it could consider metrics or measures from the current professional literature, such as:
- average ventilation rate
- chest compression depth and rate
- chest compression fraction
- time to first shock ≤2 min for VF/pulseless VT first documented rhythm
- time to IV/IO epinephrine ≤5 min for asystole or pulseless electrical activity
- peri-shock pauses (pre-shock and post-shock)

Joint Commission’s New Resuscitative Services Requirements Effective Jan 1, 2022

- **PI 01.01.01 EP10 Collects data to monitor its performance**
- 10. The hospital collects data on the following:
- - The number and location of cardiac arrests (for example, ambulatory area, telemetry unit, critical care unit)
- - The outcomes of resuscitation (for example, return of spontaneous circulation [ROSC], survival to discharge)
- Note: ROSC is defined as return of spontaneous and sustained circulation for at least 20 consecutive minutes following resuscitation efforts.
- - Transfer to a higher level of care (See also LD.03.07.01, EP 2; PI.03.01.01, EP 22)



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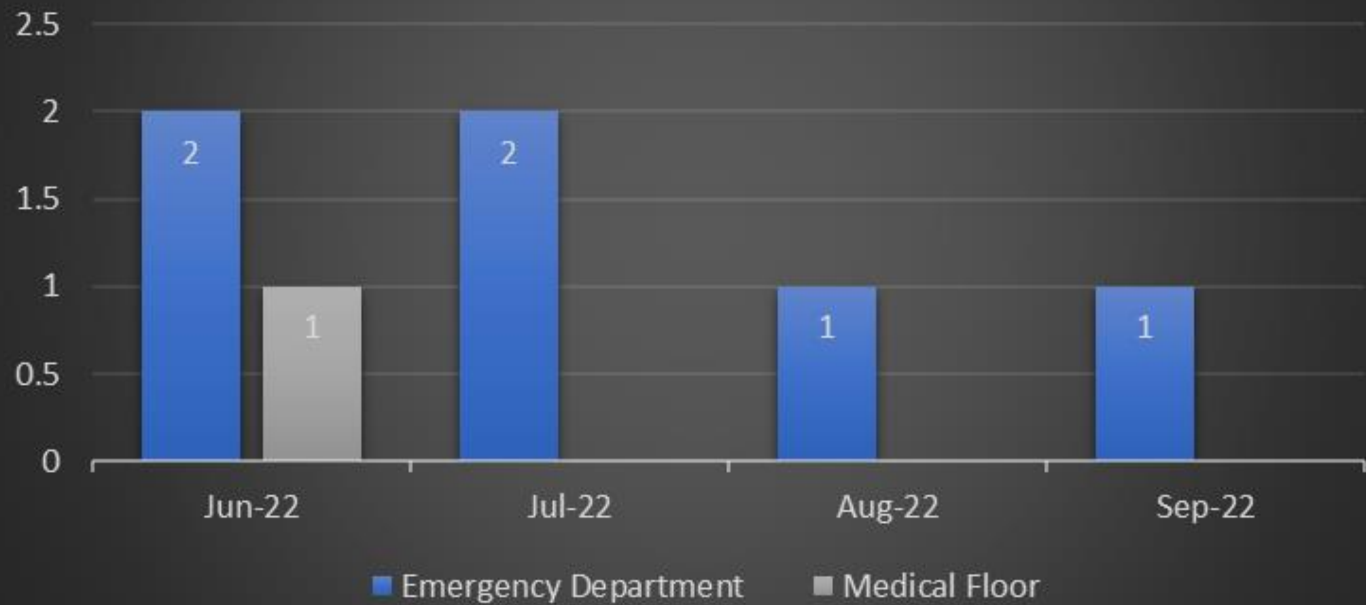

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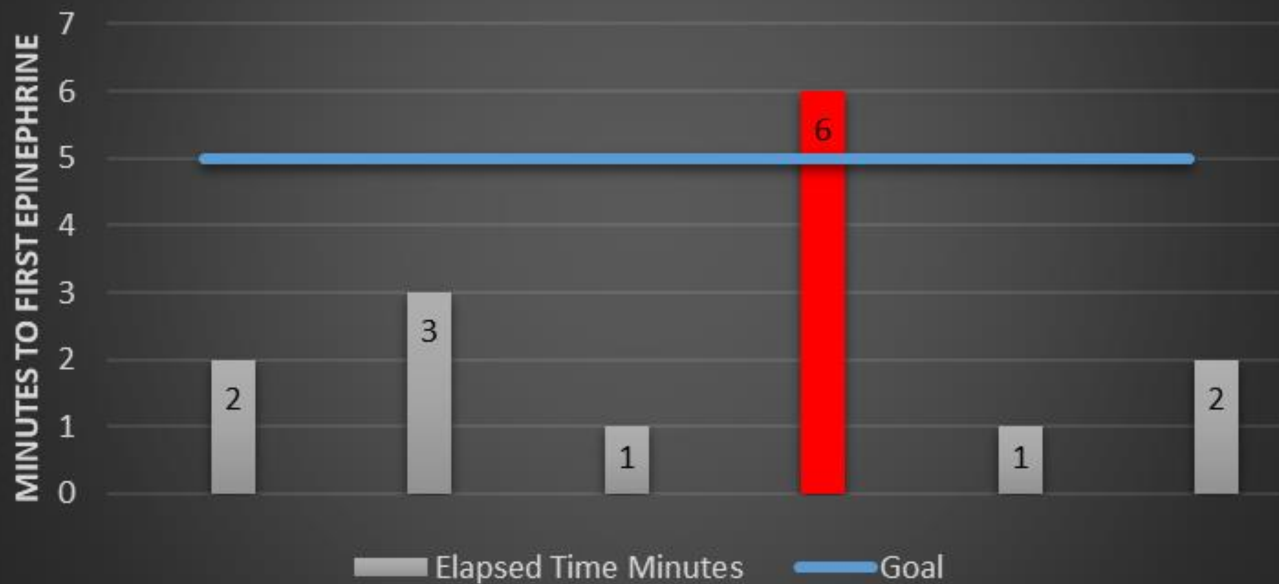

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Questions?